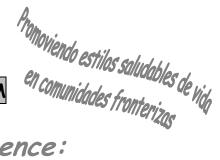
Promoting Healthy Lifestyles
in Border Communities

REGISTRATION AND ABSTRACT SUBMISSION FORM



VIII Border Health Conference: Information for Action

Hotel Fiesta Americana Hermosillo, Sonora October 23and 24,2008

REGISTRATION

Includes: coffee, lunch, and dinner on October 23 and breakfast and lunch on October 24.

Name:		
Organization:		
Address:		
City:	State:	Zip:
Phone:	Fax:	Email:
Registration Fee:	□ \$50 Before September 19th	□ . \$60 After September 19th
Please make check payable to SEAHEC and send it with this registration form to:		SEAHEC Information for Action Conference 1171 W. Target Range Rd. NOGALES, AZ 85621

*** Please note: registration is not final until the registration fee is paid. Thank you.

SCHOLARSHIPS

There are a limited number of registration and/or lodging scholarships for community organizations and students to attend the conference. Please check one or both of the following boxes to request a scholarship and attach a letter addressed to the Planning Committee justifying the scholarship request.

I request:	Registration Scholarship	Lodging Scholarship
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ABSTRACT SUBMISSION

We are seeking presenters who work in the Arizona-Sonora border region promoting healthy lifestyles. Projects may include specific efforts on either side of the Arizona-Sonora border, as well as cross-border and/or bi-national collaboration in prevention, promotion and research in the areas of chronic disease (cardiovascular diseases, obesity, nutrition, diabetes, tobacco addiction, and physical activity), substance abuse, violence, infectious disease, and environmental health. Please note that priority will be given to abstracts which address the conference theme: "Promoting healthy lifestyles in border communities."

ABSTRACT DUE DATE: August 15, 2008

My presentation will be in the following category AND topic (please check both sections):
Category: Promotion/Prevention Research Models of Excellence
Topic: Chronic Disease (cardiovascular diseases, Obesity, Nutrition, Diabetes, Desco Addiction, and Physical Activity) Chronic Disease Substance Abuse Violence Infectious Disease
Presentation Title:
Presenter(s):
Please check one: Oral Presentation (20 minutes) Poster Presentation
The planning committee reserves the right to decide if a presentation will be accepted as an Oral Presentation or a Poster Presentation. Additional presenters must fill out their form with registration information only. Please use the space below to briefly describe your presentation.